PTO/SB/05 (03-01)

U.S. Patent and Trademark

through 10/31/2002. OMB 0651-0032 U.S. DEPARTMENT OF COMMERCE ss it displays a valid OMB control number.



UTILITY PATENT APPLICATION **TRANSMITTAL**

41305/271123 Attorney Docket No.

First Inventor Mjalli, Adnan M. M. et al.

CARBOXAMIDE DERIVATIVES AS THERAPEUTIC AGENT Title

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Express Mail Label No. EL 894961253 US

	APPLICATION ELEMENT	S	ASSISTANT Commissioner for Patents ASSISTANT COMMISSIONER FOR Patents Box Patent Application Washington, DC 20231							
	chapter 600 concerning utility patent application	contents.								
1. \(\times \) \(Fee Transmittal Form (e.g., PTO/SB/17) Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. Specification [Total Pages preferred arrangement set forth below) Descriptive title of the Invention Cross Reference to Related Applications Statement Regarding Fed sponsored R & D Reference to sequence listing, a table, or a computer program listing appendix Background of the Invention Brief Summary of the Invention Brief Description of the Drawings (if filed) Detailed Description Claim(s) Abstract of the Disclosure Drawing(s) (35 U.S.C.113) [Total Shee: Declaration [Total Pages] Newly executed (original or copy) Copy from a prior application (37 CFR 1. (for a continuation/divisional with Box 18) DELETION OF INVENTOR(S)	ts 104]	ADDRESS TO: Box Patent Application							
	Signed statement attached deleting inventor(s named in the prior application, see 37 CFR	5)	(if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35							
6. 🗌 Apı	1.63(d)(2) and 1.33(b). plication Data Sheet. See 37 CFR 1.76		or its equivalent. 17. Other:							
or in an Apj ☐ Cont Prior ap For CONTIN under Box	ITINUING APPLICATION, check appropriate be plication Data Sheet under 37 CFR 1.76: inuation Divisional Complication information: Examiner NUATION or DIVISIONAL APPS only: The entition can only be relied upon when a portice	tinuation-in-part re disclosure o he accompanyi	(CIP) c (of the prior application ing or divisional app	of prior application No Group / Art Unit: on, from which an o lication and is here	o:/ ath or declaration is supplied by incorporated by reference.					
	17. 0	CORRESPON	DENCE ADDRESS	•						
☐ Custor			ach bar code label hei		orrespondence address below					
Name	Cynthia B. Rothschild									
Address	Kilpatrick Stockton LLP 1001 West Fourth Street									
City	Winston-Salem	State	NC Zin Code 27101							
Country	USA Telep	<u> </u>	(336) 607-7300	Zip Code Fax	336-607-7500					
	rint/Type) Cynthia B. Rothschild		Registration No. (A		47,040					
Signature		NW.		Date	March 5, 2002					

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

**or number previously paid, if greater, For Reissues, see above

1

Complete if Known							
Application Number	Unassigned						
Filing Date	Herewith						
First Named Inventor	Mjalli, Adnan M.M. et al.						
Examiner Name	To be assigned						
Group / Art Unit	To be assigned						
Attorney Docket No.	41305/271123						

METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)							
The Commissioner is hereby authorized to charge					3. ADDITIONAL FEES							
1. A indicated fees and credit any over payments to:				Large Entity		Small Entity						
Danasia.							Fee	Fee	Fee	Fee	Fee Description	Fee
Deposit Account		16-143	5		•		Code	(\$)	Code	(\$)	•	Paid
Number					105	130	205	65	Surcharge - late filing fee or oath			
Deposit							127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
Account		Kilpatrio	ck Stock	ton LLP			139	130	139	130	Non-English specification	
Name							147	2,520	147	2,520	For filing a request for reexamination	
□ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17						112	920*	112	920*	Requesting publication of SIR prior to Examiner action		
Applicant claims small entity status. See 37 CFR 1.27							113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
2. 🔲 P	aymer	nt Enclose	d:				115	110	215	55	Extension for reply within first month	
☐ Check ☐ Credit card ☐ Money ☐ Other						116	400	216	200	Extension for reply within second month		
Order						117	920	217	460	Extension for reply within third month		
FEE CALCULATION 1. BASIC FILING FEE						118	1,440	218	720	Extension for reply within fourth month		
	ntity S		ntity				128	1.960	228	980	Extension for reply within fifth month	
	•		•	ee Descriptio	n		119	320	219	160	Notice of Appeal	
Code (\$			S)			Fee Paid	120	320	220	160	Filing a brief in support of an appeal	
101 74	40 2	201 3	70 L	Itility filing fee	{	370	121	280	221	140	Request for oral hearing	
				Design filing fee Plant filing fee	,		138	1,510	138	1,510	Petition to institute a public use proceeding	
				Reissue filing fe			140	110	240	55	Petition to revive – unavoidable	
				Provisional filling	}		141	1,280	241	640	Petition to revive – unintentional	
	-				3 (142	1,280	242	640	Utility issue fee (or reissue)	
SUBTOTAL (1) (\$) 370					143	460	243	230	Design issue fee			
2. EXTRA CLAIM FEES							144	620	244	310	Plant issue fee	
Z. EXIKA	CLAIN	II FEES		Extra f	Fee from	Fee	122	130	122	130	Petitions to the Commissioner	
1			_	Claimst	pelow	Paid	123	50	123	50	Processing fee under 37 CFR 1.17 (q)	
Total Claims Independent	60	-20 •	7	40 X [9	= 360	126	180	126	180	Submission of Information Disclosure Stmt	
Claims Multiple	5	-3 **	= [2 X X	42	= 84	581	40	581	40	Recording each patent assignment per property (times number of properties)	40
Dependent Large	Entity	Small	Entity	· ·			146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
Fee	Fee	Fee	Fee	Fee Descrip	tion		149	740	249	370	For each additional invention to be	
Code	(\$)	Code	(\$) 9	•	•						examined (37 CFR § 1.129(b))	
103	18 84	203 202	9 42		Claims in excess of 20 Independent claims in excess of 3 Multiple dependent claim, if not paid			740	279	370	Request for Continued Examination (RCE)	
102 104	280	202	140	•				900	169	900	Request for expedited examination	——
109	** Reissue independent claims over				169	900	109	900	of a design application			
	40	040	•	• .		cess of 20 and				•		
over original patent							Other fe	e (specif	ý)	_		
SUBTOTAL (2) (\$) 444							*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40					

SUBMITTED BY		Complete (if applicable)				
Name (Print/Type)	Cynthia B. Rothschild	Registration No. Attorney/Agent)	47,040	Telephone	(336) 607-7300	
Signature	Call	B AHA		Date	March 5, 2002	

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EXPRESS MAIL CERTIFICATE

"Express Mail" mailing label number:

EL 894961253 US

Date of Deposit:

March 5, 2002

Type of Document(s):

Utility Patent Application Transmittal; Fee Transmittal for FY 2002 (duplicate);

104 pages Specification, Claims

and Abstract;

Declaration for Patent Application;

Power of Attorney;

Recordation Form Cover Sheet; Assignment of Invention: and

Return postcard

Serial No.:

Unassigned

Date Filed:

Herewith

I hereby certify that the documents identified above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Catherine A Johnson